

COMPREHENSIVE D&TC REPORT☐ NO 2004 PATIENT SERVICES REVENUE
AND/OR PRIOR PERIOD ADJUSTMENTS
DURING THE CURRENT REPORTING MONTHNEW YORK STATE DEPARTMENT OF HEALTH
2004 PUBLIC GOODS POOL
COMPREHENSIVE DIAGNOSTIC AND TREATMENT CENTERS

REPORT OF 2004 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

REPORT MONTH _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1.Total 2004 Net Patient Services Revenue Received, including surcharges (1)			
2.Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue from Subscribers of an HMO which Owns and Operates the D&TC			
e. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
f. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
g. Governmental Deficit Financing Grants			
h. Other			
i. Revenue Received for Referred Ambulatory Laboratory Clinic Services			
3.Total Non-Assessable Revenue (Total 2)			
4.Total Assessable Revenue (Line 1 minus Line 3)			
5.Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 6.47% Payors			
c. All Other Direct Payors (8.85% Payors)			
6.Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7.Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 4 minus Line 6) Breakdown on next page, Lines 8 through 12			

(1) Including recoveries received from 2004 accounts receivable previously written off as uncollectible.

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REPORT MONTH _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 6.47% Payors		1.0647		
9. Other 6.47% Payors		1.0647		
10. Self-Pay Uninsured, and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0885		
11. Non-Specified 8.85% Payors		1.0885		
12. All Other Non-Direct Payors		1.3482		

13. Total **2004** Assessable Revenue,
Including surcharges (Lines 8
through 12, Column B)

14. Gross **2004** Surcharges
Payable (Lines 8
through 12, Column E)

15. Less: Administrative Fee - (2% of Line 12, Column D)

16. Net **2004** Surcharges Payable for the Month - (Line 14 minus Line 15) (carry this
amount forward to the Provider Payment Summary)

17. Co-pay and Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 17 as co-pay or deductible patient
payments for which the patient's third-party payor has directly submitted surcharges.